



DIVISION OF CHILDREN AND FAMILY SERVICES
NOTICE OF PLACEMENT CHANGE

TO: Parent(s) or Indian Custodian and the Child's Indian Tribe

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|-----------------------------|--|---------------|
| NAME OF CHILD | | FILE NUMBER |
| TRIBAL AFFILIATION OF CHILD | | DATE OF BIRTH |

This letter is to notify you that this agency:

- ☐ intends to change the child's foster care placement after seven (7) working days from the date of this letter.
- ☐ intends to immediately change the child's foster care placement.
- ☐ has changed the child's foster care placement.

The child has been or will be placed with:

- ☐ a member of the child's extended family, namely: _____
- ☐ a foster home approved by the child's Indian tribe.
- ☐ a licensed Indian foster home.
- ☐ an institution for children approved by an Indian tribe or operated by an Indian organization, specifically:

- ☐ Other: _____

You are entitled to participate in the development of agency case plans, including placement decisions, that affect the child or the child's family. If you have preferences or recommendations regarding the child's placement, this agency will consider your wishes in making placement plans for the child. You are also entitled to question the agency's case plan.

As a parent or Indian custodian, you are entitled to request that the child be returned to your care. If the child has been placed in foster care as the result of a court order, you may request a court hearing to contest an agency decision not to return the child to your custody. If you voluntarily placed the child in foster care, you may withdraw your consent to placement and the child will immediately be returned to you, unless return would likely cause an emergency resulting in imminent physical harm to the child. In emergency circumstances, immediate steps will be taken to obtain court authorization for continued foster care placement.

Please contact me immediately if you have any questions or would like to discuss the child's case plan or the reasons for changing the child's placement.

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| DATE | DCFS OFFICE | |
| SERVICE WORKER | | |
| ADDRESS | | STREET |
| CITY | STATE | ZIP CODE |
| TELEPHONE NUMBER | | |